	SPE RESPONSE FOR CERTIFICATE OF CORRECTION			
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	11 2 20	-	Paper No	o.:
DATE	: <u>//- 3 - 05</u> : ART UNIT/ <u>6</u> /4			
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TO SPE OF	: ART UNIT/6/4		_	
SUBJECT	: Request for Certificate	e of Correction on Patent No.:	6881751	
A respons <sub>e</sub> is	requested with respec	at to the accompanying req	uest for a certificate of correction	on.
Please comp	plete this form and re	turn with file, within 7 da	ys to:	
Palm locatio	n 7580, Certificates	of Correction Branch -	- South Tower - 9A22	
lf response i MADRAS.	is for an IFW, return	to employee (named be	elow) via PUBSCofC Team	in
With respect patent read a		te of correction (COCIN)?	/or Applicant's errors, should the No new matter should be introduced.	
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Thank You Fo	r Your Assistance		Certificates of Correction Bran Tel. No. 703-308-9309 ext	
The request	t for issuing the abo	ove-identified correction	n(s) is hereby:	
Note your decision	on the appropriate box.	•		
	Approved	All change	s apply.	
. 0	Approved in Part	Specify be	low which changes do not app	ly.
0	Denied	State the r	easons for denial below.	
Comments:				
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<del></del>		CHRISTOPHER S. F. LOW SUPERVISURY PATENT EXAMINER	<del></del>	
		TECHNOLOGY CENTER 1600	1614	
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wife) EVA JAMES
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All changes apply.
Specify below which changes do not apply.
State the reasons for denial below.
paper dated 11/3/05
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DATE : 11-3-05	Paper No.:	
TO SPE OF : ART UNIT/6/4		
SUBJECT : Request for Certificate of Correct	tion on Patent No.: <u>688/25/</u>	
A response is requested with respect to the ac	ecompanying request for a certificate of correction.	
Please complete this form and return with Palm location 7580, Certificates of Corre	ction Branch – South Tower – 9A22	
If response is for an IFW, return to employ MADRAS.	oyee (named below) via PUBSCofC Team in	
	ecting Office and/or Applicant's errors, should the ection (COCIN)? No new matter should be introduced, nor need.	
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Thank You For Your Assistance	Certificates of Correction Branch Tel. No. 703-308-9309 ext. 116	
The request for issuing the above-ident Note your decision on the appropriate box.	ified correction(s) is hereby:	
Approved	All changes apply.	
☐ Approved in Part	Specify below which changes do not apply.	
☐ Denied	State the reasons for denial below.	
Comments:		
De approval or	paper datel 11/3/05	
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PTOL-306 (REV. 7/03)

**Art Unit** 

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